

SAGAMORE ARCHITECTURAL REVIEW FORM

PLEASE PRINT

1. Name _____ Phone _____
Address _____ Fax _____
Section / Community _____ Lot # _____ Email _____

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR ALL SUBMISSIONS:

- Copy of plot plan. (Provided by builder at your closing) Please indicate on your plot plan, the location of the proposed addition / improvement.
- Elevations and Blueprints or working drawings indicating all dimensions.
- If available, a photograph or drawing of a similar completed project.

2. I am requesting architectural approval of the following:

IMPROVEMENT ADDITION REPAIR / REPLACEMENT

3. Briefly describe the proposed change:

LOCATION _____ DIMENSIONS _____

4. Please list below the major construction materials that will be used in this project. Be as specific as possible:

Requests for exterior color/material changes **MUST** submit samples of color, paint, brick, etc. (Exterior materials must conform to the original construction or be sufficiently comparable.) **NOTE: All submitted materials will be retained by the Association. You may wish to make a copy for your personal records.**

5. Will any part of the proposed improvement extend beyond your property line? Yes No

If YES, please provide signature and address of the affected homeowner below.

Signature _____ Printed _____

Address _____

6. Would any part of the proposed improvement extend into any Common Area, Utility, Drainage or Sewer Easement, Landscape Easement, Landscape Preservation Easement or Lake Easement shown on your plot plan of your lot?

Yes No

- 7. Do you reside on a pond/lake lot? Yes No
- 8. Do you back up to a walking trail? Yes No
- 9. Do you back up to common area? Yes No

Project Schedule

- A. The will be performed by: **Homeowner**
Contractor - Name _____
Both

B. Subsequent to the committee approval, please indicate the following:

Projected Start Date _____

Duration of Project (1 month, 2 days, etc.) _____

C. Please indicate all required permits (building, etc.)

1) _____ 3) _____

2) _____ 4) _____

I hereby acknowledge that I have read and understand the Architectural Control Standards set forth by the ARB Committee and the Declaration of Covenants, Conditions and Restrictions. I also acknowledge that it is the homeowner's responsibility to provide written proof of approval.

Application will ONLY be considered once ALL required documentation is completed in FULL.

Homeowner's Signature

Date

Please Remit to:
Four Seasons Property Management, LLC
PO Box 498
Fishers, IN 46038
Fax: 317-324-4044

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Architectural Review Action: **Project #** _____

APPROVED AS SUBMITTED

DEFERRED: PLEASE PROVIDE ADDITIONAL INFORMATION

DENIED: ARB COMMENTS

AUTHORIZED SIGNATURE

DATE: ____|____|____